

TRANSPORTATION PERMIT

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS,
CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE
ATTACHMENTS,
PERMISSION IS HEREBY GRANTED TO:

NAME**ADDRESS****CITY/STATE/ZIP****OFFICE PHONE NUMBER (Include Area Code)****FAX NUMBER (Include Area Code)****(PROVIDE A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)**

Authorization is granted for the following: ☐ HAUL ☐ DRIVE ☐ TOW

PERMIT VALID:

FROM:

TO:

MOVING AUTHORIZED:

SATURDAY:

SUNDAY:

DARKNESS (CVC 280):

PERMIT NUMBER

**THIS PERMIT IS NOT VALID WITHOUT
THE FOLLOWING ATTACHMENTS:**

☒ Permit Conditions☐ Holiday Restrictions☐☐☐☐

DESCRIPTION OF HAULING EQUIPMENT:

	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

LOADED DIMENSIONS GREATER THAN THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
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ORIGIN:

DESTINATION:

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE
REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE.

PILOT CAR ☐ Yes ☐ No

CASH, CHARGE, CREDIT CARD
OR EXEMPT INFORMATION

APPLICANT SIGNATURE

DATE

CREDIT CARD EX. DATE

FEE
\$

NUMBER OF TRIPS

AUTHORIZED STATE AGENT

DATE

REQUESTED ROUTE: (Include Address of Origin and Delivery Site)

CONTACT PERSON (PRINT)